

Enclose check or
money order

DO NOT
SEND
CASH

Application for a Class B (Two-Year Conditional) License

State of Iowa
Board of Educational Examiners
Licensure

Grimes State Office Building
400 E. 14th St.

Des Moines, Iowa 50319-0147

Revised 10/07

INSTRUCTIONS:

1. Attach official/original college/university transcripts showing any course work which could be applicable to this new endorsement.
NO GRADE REPORTS OR COPIES ACCEPTED.
2. A complete application must include the completed application, official transcripts, and fee.
3. Send all materials and check or money order for \$85 (made payable to Board of Educational Examiners) to:
State of Iowa, Board of Educational Examiners Licensure, Grimes State Office Building, 400 E. 14th St., Des Moines, Iowa 50319-0147.
4. Please allow 6 to 8 weeks to process. Name changes require a photocopy of official legal documentation.

Applicant's Folder #	Social Security #	Date of Birth Month Day Year	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name	First Name	Middle Name	Maiden Name
Address	City	State	Zip Code
Home Phone ()	Work Phone ()	Email Address	

STATEMENT OF FRAUD; Fraud in procurement of a license or falsifying records for licensure purposes will constitute grounds for filing a complaint with the Iowa Board of Educational Examiners.

- a. Yes ☐ No ☐ PR ☐ Have you ever been convicted of a felony?
- b. Yes ☐ No ☐ PR ☐ Have you ever been convicted of a crime other than parking or speeding violations? (Include any OWIs.)
- c. Yes ☐ No ☐ PR ☐ Have you ever had a founded report of child abuse made against you?
- d. Yes ☐ No ☐ PR ☐ Have you ever had an educational license denied, revoked, or suspended?

For any "Yes" response attach a written explanation on 8 1/2 x 11" paper. Be sure to include the date of the violation. DO NOT explain on this application form. *If you have reported a "Yes" response on a previous application, check PR (previously reported) instead of "Yes" on this application if no further conviction(s) has occurred.

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that the preceding information is true and correct.

Signature of Applicant

Date

SECTION II - TO BE COMPLETED BY AN ADMINISTRATOR (type or print)

If a person is the holder of a valid Iowa teaching license and is seeking to obtain a new endorsement, a class B (two-year conditional) license may be issued if requested by an employer and if the individual seeking this endorsement has completed at least two-thirds (half in shortage areas) of the requirements leading to completion of all requirements for that endorsement. **The applicant is expected to complete all requirements for this endorsement within the term of this license. Upon completion of the requirements, the applicant must complete application materials, and be recommended by the recommending official of the institution at which the requirements have been completed. NOTE: The Class B (Conditional) license is valid only under another license. The holder must maintain his/her regular teaching license in order for the class B (conditional) license to remain in force!**

The _____ school system requests that _____
(name of applicant)

be issued a Class B (two-year conditional) license to serve as _____
(List position and grade level.)

This request is for period beginning with the following school year- 20____ - 20____

(Administrator's Signature)

(Print or type administrator's name)

(date)

(Applicant's Signature)

(date)